

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe’s Limo

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER:       -       -      

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Other: \_\_\_\_\_  
Email: \_\_\_\_\_

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application – Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application – Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application – Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application – Class E Household Goods  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application – Class E Hazardous Waste  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher’s Affidavit                         |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Name Change on Certificate   | <input type="checkbox"/> Other: _____                                  |

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

CLASS A/A Restricted                      DATE \_\_\_\_\_, 20\_\_\_\_

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY  
FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1.      Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

\_\_\_\_\_

2.      (a) Street Address of Applicant \_\_\_\_\_

\_\_\_\_\_

- (b) Mailing address, if different from street address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- (c) Telephone Number \_\_\_\_\_ Fed ID # \_\_\_\_\_

3.      If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State “Foreign Corporation” Certificate.)
4.      (a) If a partnership, names and addresses of all persons having an interest in the business.  
         (b) If a corporation, names and addresses of two principal officers will be sufficient.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5.      The proposed service to be provided and the proposed rates and charges for such service, per Exhibit “C” included herewith.
6.      The proposed list of equipment is as per Exhibit “D” included herewith.

- ## BALANCE SHEET

<b>Assets:</b>	
Cash	
Receivables	
Real Estate	
Buildings and Equipment-Net	
Motor Vehicles-Net	
Garage Equipment-Net	
Machinery and Tools-Net	
Supplies on Hand	
Prepays and Other Assets	
<b>Total Assets</b>	
<b>Liabilities and Equity:</b>	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
<b>Total Liabilities</b>	
<b>Capital Stock</b>	
<b>Retained Earnings</b>	
<b>Total Equity</b>	
<b>Total Liabilities and Equity</b>	

- STATE OF SOUTH CAROLINA,** ]  
 ]  
**COUNTY OF \_\_\_\_\_** ]

I, \_\_\_\_\_,  
(Name of Applicant's Representative) (Title)  
of \_\_\_\_\_, the Applicant for the Certificate of Public (Applicant)  
Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application  
are true and correct.

This the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
(Notary Public)

\_\_\_\_\_  
(Signature of Applicant's Representative)

Commission Expires: \_\_\_\_\_

EXHIBIT C

CLASS A

CLASS A RESTRICTED

\_\_\_\_\_  
\_\_\_\_\_

**PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA**

Columbia, South Carolina

**ROUTE AND MILEAGE  
OF**

\_\_\_\_\_  
Name of Applicant

Operating between \_\_\_\_\_ and \_\_\_\_\_

			Exact Distance in Miles Traveled Over		
From	To	State or US Hwy. #	State Hwys.	County Hwys.	* Street of Cities or Towns

Restricted: To the transportation of passengers to and from places of employment.

Restricted: So as not to permit any charter service.

\_\_\_\_\_  
Date:

\_\_\_\_\_  
(Applicant's Signature)

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

DESCRIPTION OF EQUIPMENT

VEHICLE NUMBER	MAKE	MODEL & YEAR	SERIAL #	WEIGHT EMPTY	CARRYING CAPACITY *

\* Seats if passenger carrier or tonnage if freight carrier.

Date:\_\_\_\_\_

(Applicant)

(Applicant’s Representative)

(Title)

## **INSURANCE QUOTE**

The following insurance quote is for:

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(Name of Motor Carrier)

---

(Address of Motor Carrier)

### **Amount of Premium:**

Liability Insurance \_\_\_\_\_

Cargo Insurance \_\_\_\_\_

The above quoted premiums are for a term of \_\_\_\_\_ months.

### **Minimum Limits - Intrastate Only:**

<b>1 - 7 passengers</b>	<b>-</b>	<b>25,000/50,000/25,000</b>
<b>8 – 15 passengers</b>	<b>-</b>	<b>25,000/100,000/25,000</b>

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(Insurance Company Name)

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(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

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Date

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(Authorized Insurance Company Representative)

## **EXHIBIT FWA**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone No.** \_\_\_\_\_ **Fax No.** \_\_\_\_\_

**U.S.D.O.T. No.** \_\_\_\_\_ **ICC No.** \_\_\_\_\_

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes \_\_\_\_\_ No \_\_\_\_\_ Pending \_\_\_\_\_ (Submit when received)  
(If "yes", indicate rating and provide copy) Satisfactory \_\_\_\_\_  
Conditional \_\_\_\_\_  
Unsatisfactory \_\_\_\_\_

2. Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. Are there currently any outstanding judgement(s) against Applicant?

Yes \_\_\_\_\_ No \_\_\_\_\_  
(If "yes", indicate nature of judgement(s).)

4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes \_\_\_\_\_ No \_\_\_\_\_

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes \_\_\_\_\_ No \_\_\_\_\_  
(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

\_\_\_\_\_  
(Applicant's Signature)

Sworn to before me

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Notary Public)

Commission Expires: \_\_\_\_\_